

NURSING CARE OF THE DOMICILIARY PATIENT IN QUEENSLAND<sup>1</sup>

P. M. FARRELL, S.R.N., F.C.N.A.

*Senior Public Health Nurse, Division of Geriatrics, Princess Alexandra Hospital, Brisbane.*

Community nursing is provided under many agencies within this State, and these nurses may be employed by either voluntary or official services.

Voluntary services are controlled by either religious or private agencies. Examples are St. Luke's Nursing Service, the Blue Nursing Service, and the Brown Sisters. These are all controlled by religious orders and they offer practical or basic nursing care.

The Health Department, an official body, employs community nurses in many of their departments, and the Community Home Care Service is one of these departments. The type of nursing offered is advisory in nature and is a blend of nursing and public health practice that properly applied could have an impact upon human well being.

The traditional role of the nurse is bedside care, and most people see this as the nurse's main responsibility. It is often difficult to see that health teaching and prevention of illness and accidents in the home is also nursing.

In hospital, the nurse sees a selected sample of the community's population; people who have recognised an illness and have been motivated to seek treatment. The nurse in the community works with a population which has varied concepts and values of health and illness. There is a vast difference in the emphasis upon health, population served and philosophy underlying health care.

In community nursing, basic nursing skills and knowledge is essential, and interweaving this previous knowledge with concepts of public health practice helps the nurse gain a new perspective, redirects her behaviour, and uses her skills in different ways.

The Community Home Care Service is a comprehensive home care service for aged and disabled persons, organised by the Department of Health in Queensland and supervised by the Director of Geriatrics.

It commenced operation in the metropolitan area of Brisbane in November, 1969, and was preceded by a six weeks' In Service Training Course for public health nurses joining the service.

Two regional centres were established, one on the north side of the Brisbane River and one on the south side. The service has been extended to include Redcliffe, Ipswich, Toowoomba, Nambour, Gympie, Maryborough and Bundaberg.

Staff in the centres include a Medical Officer in charge, Public Health Nurses, Social Workers, a Home Help Organiser, Clerical staff and part-time Home Helpers.

The service offers advice with health problems, nursing consultation in the patient's own home, investigation of social problems, and regular domestic help in the home for as long as it is considered necessary by the Home Care Service.

Its aim is to supplement existing community services to the aged and disabled. The objectives of the nursing service is to further community health through the selective application of nursing and public health practice measures within the framework of the total community effort.

All nurses joining this service undertake a six weeks' In Service Training Course, which is designed to supplement basic nursing skills so that the nurse can function effectively in the field of community nursing.

The main aims of the training course are to enable the nurse:

1. to function within the framework of the Health Department,
2. to adapt the skills of nursing assessment and nursing intervention to practice in the home setting,
3. to work with paramedical services and allied organisations which are necessary to meet the patients needs,
4. to develop greater understanding of the multi-disciplinary approach to health care.

The nurse must know how to assess basic needs of patients with simple or complex problems and formulate a plan of nursing care for each patient. She must be able to establish priorities of care in individual patient situations and in her daily assignment and total case load.

She must have a basic understanding of the roles of personnel in the centre and a basic understanding of the role and responsibility of other professional workers.

She must be able to complete a record including medical, social and financial data and to record nursing advice given in a concise and organised manner. She must be able to communicate verbally and in writing with other professional workers in relation to the care of the patient.

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Each nurse is responsible for a geographically defined area, the main advantage of this system being that with frequent visiting by the same nurse, good nurse-patient relationships can be built up, the patient is more confident, and the nurse can detect any deviations from normality at an early stage.

In addition to personal details, we like to know the local medical officer's name, so he can be contacted and involved. His permission is always sought, and he is contacted following the visit, and notified of all recommendations made.

The nursing service offers an advisory and counselling service. It is concerned with all aspects of home care, co-ordinating the various supportive services, identifying nursing needs, and initiating appropriate action.

Therefore it is essential that the nurse has a sound knowledge of community resources — what is available and where she can look for assistance.

When making a home visit, much depends upon the nurse's ability to detect abnormalities, to advise on problems within her competence as a nurse, and to bring to the notice of other experts conditions which might be corrected before a permanent disabling condition exists. Special skills which need developing include interviewing techniques, ability to listen, communication skills, and accurate observation. Because many aged persons suffer from physical limitations, an essential part of her work is concerned with safety in the home. This means examining the home in detail for hazards, and suggesting ways in which the individual might manage more safely.

The nurse carries the most common aids with her, so she can demonstrate these to the patient or his relatives. She can give information on the source of supply and the cost of these articles, or explain how they might be constructed.

She assists the patient with all problems related to personal care and activities of daily living. Where the problems are complicated and beyond her ability, she seeks help from other professional workers.

The individual is encouraged to retain independence and this may require a good deal of effort and skill on the part of the nurse.

Nutrition is a primary component of health counselling and an important aspect of the nurse's work. Advice is based on the medical condition, daily food habits, income, dentition, religious and cultural factors, and shopping facilities. Often the nurse is required to help with budgeting problems.

Advice with medication problems often falls to the visiting nurse and this includes interpreting the physician's instructions, seeing that the prescribed dosage is being correctly taken, safely stored, and there are no signs of toxicity or other side effects.

Relatives sometimes need guidance with home nursing, such as care of pressure areas, anti-pressure aids, changing the bedclothes, washing the hair, lifting in bed, mouth toilet, feeding, elimination, prevention of foot drop and contractures and so on. If skilled nursing is required, the domiciliary nursing

services are called in for assistance. These two services work closely, and it is essential the work of each is co-ordinated.

Prevention of boredom and loneliness by organising recreational pursuits, social contacts, and participation in club or church activities is another aspect of the nurse's work. She arranges handicraft tuition, mobile library assistance, attendance at a Senior Citizen's Club and so on. She often has to arrange transportation to these places.

Where there is limited finance for home repairs, etc., the nurse has close liaison with community welfare agencies, and can recruit their help in many instances.

Maintaining a frail aged person in his home is often successful if some type of domestic help is available. The Health Department recognised this need when the Community Home Care Service was developed. The nurse assesses the need, determines what type of help is needed, how much time will be needed to complete the work, and the frequency of this help. She completes a detailed application form, and refers to the Home Help Organiser who then recruits one of her part-time home helpers to carry out the duties requested.

This supportive domestic service has been of tremendous value in maintaining frail and disabled aged persons in their homes.

Follow-up of patients discharged from hospital is an essential part of the service, and indeed the nursing section of the Division of Geriatrics was originally formed for this very purpose, to follow patients discharged from the Geriatric Unit of Princess Alexandra Hospital to their homes in the metropolitan area of Brisbane. It was felt that too many people were being readmitted to hospital suffering deterioration since discharge, and it was thought that immediate follow up after discharge might prevent this occurring.

Before visiting the discharged patient, the nurse obtains the medical history and detailed information from the therapists in attendance, recording the stage the patient has reached, his capabilities and limitations and the aims for the particular patient, so she has a clear picture of how he should perform in his home, and can try to help him retain his independence.

She advises on safety measures, home management problems, in fact anything within her competence as a nurse.

If there are particular problems, she can refer to the appropriate therapist, and if necessary, request the therapist to visit the home with her.

If she finds the patient cannot manage, she can request readmission, attendance at the Day Hospital, or the Out Patient's Department. Following the visit, she makes a report on the home situation to the hospital.

The transition from hospital to home is often a very trying experience for a patient and his relatives. Whereas he was independent and could manage in the safe environment of the hospital setting, it is a different situation in the home with all its obstacles.

Often he is so afraid of injuring himself, he feels safer if he remains in bed or just seated in a chair. Eventually regression and re-admission to hospital is the result. The home visit gives a feeling of security both to the patient and his relatives and provides them with someone who will maintain contact, and who can be called should problems present from time to time.

At present, the Senior Sister acts as liaison between the Geriatric Unit and the Community Home Care Sisters. She attends ward conferences as a member of the team, and hears the problems and progress of patients, and learns the date for discharge. She contacts the patient in the ward and explains the follow-up routine, and tells him the name of the nurse who will be visiting him in his home. So the meeting is always cordial, and the patient is receptive.

Most of the country based sisters visit the local public hospital in their areas for referrals, and often make pre-discharge visits to advise the hospital staff on the home conditions, and problems related to after care. Often supportive services are arranged before discharge by the community nurse.

This service has been of tremendous value in assisting the hospital staff with problems related to after care.

Each week a conference is held in the regional centres of the Community Home Care Service, presided over by the medical officer in charge. All patients visited during the previous week are dis-

cussed with the whole team participating in solving problems and recommending action.

As necessary as the visiting service, is accurate charting and recording. A detailed chart is prepared for all patients:

1. to provide a service accounting system that documents exactly what has been done,
2. to provide a system ensuring that services are given according to plan,
3. to provide a source of information for planning and evaluating the nursing service being supplied,
4. to provide a reviewing service for the nurse so that she has a basis for deciding the extent to which the things she is doing are relevant to the particular needs of the patient she is visiting,
5. to illustrate progress and problems.

Trends in nursing change as in other professions, and the nurses keep abreast with modern techniques by means of continuing educational programmes whenever possible.

In summary, the community geriatric nurse, with her basic nursing skills supplemented by training in public health practice, is in an ideal position to carry out health teaching, assist frail aged individuals to keep as well as possible and to remain safe and independent in their homes, leading a contented life for as long as possible during the later years of life.